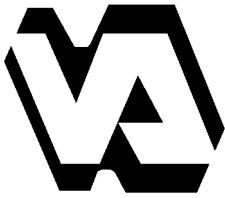


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Major Facility Projects and Lease Authorizations

Introductory Statement

The Department of Veterans Affairs requests an authorization of \$27,637,000 for major medical facility leases in 2006.

Title 38, U.S.C., sections 8104(a) (2) requires statutory authorization for all major medical facility projects and major medical facility leases (including parking facilities) prior to appropriation of funds. Public Law 105-368, section 704, amended 38 U.S.C., section 8104(a3B), currently defines a "major medical facility lease" as those where the annual rent exceeds \$600,000.

Public Law 108-170, section 221(a) provided temporary authority for the Secretary to carry out major construction projects that were necessary to implement decisions in the final report of the Capital Asset Realignment for Enhanced Services Commission. This authority expires September 30, 2006. The report was published in May 2004, and provided the major construction projects needed to begin implementation of CARES. The projects listed below are necessary to implement decisions in the CARES Commission final report submitted to Congress and are considered to be authorized.

Location	Description	Total Estimated Costs (\$000)
<u>Major Construction</u>		
Cleveland, OH	Cleveland-Brecksville Consolidation, Ph 2	\$102,300
Pittsburgh, PA	Consolidation of Campuses, Phase 2	\$185,076
Las Vegas, NV	New Medical Center, Phase 2	\$286,000
Gainesville, FL	Correct Patient Privacy Deficiencies, Ph 2	\$85,200
Anchorage, AK	Outpatient Clinic and R.O., Phase 2	\$75,270

In addition to the projects listed above the Biloxi, MS and Fayetteville, AR projects are also considered to be authorized under the authority of Public Law 108-170. A short description and estimated cost for each project is provided below.

Location	Description	Total Estimated Costs (\$000)
<u>Major Construction</u>		
Biloxi, MS	Consolidation-Mental Health	\$174,600
Fayetteville, AR	Clinical Addition	\$56,163

Title 38, U.S.C., section 8104(b) requires VA to submit a prospectus major medical facility leases exceeding the \$600,000 threshold. This section includes the prospectus for the VA direct leases for Baltimore, Maryland; Marion, Illinois; Dallas, Texas; and Denver, Colorado. The Denver Health Administration Center lease was originally authorized in the FY 05 budget at a cost of \$3.9 million. Since then, the program needs have increased requiring authorization for a total of \$5.9 million.

A listing of leases in excess of \$300,000 (including leases to be acquired through GSA) is submitted in compliance with Public Law 108-7, Division K, Title I, Section III. Title I requires that the Secretary submit a written report to and obtain approval within 30 days from the Committee on Appropriations of Congress prior to the use of appropriated funds for any new lease of real property exceeding \$300,000. VA considers a "new lease of real property" as one that pertains to real property that VA has never before leased, as well as succeeding or follow-up leases that have expired or will soon expire. Lease extensions, expansions, renewals, or other leases with pre-negotiated options are not considered new leases within the meaning of Public Law 108-7.

The Status Report for Authorized Major Medical Facility Projects and Leases is required under 38 U.S.C.

All Department of Veterans Affairs facilities, including sites, are intended to be barrier free. Due to patient care requirements; at some locations VA accessibility standards exceed the General Services Administration (GSA) minimum requirements.

All projects comply with the requirements of the Coastal Barrier Resources Act (Public Law 97-348).

2006 Major Facility Lease Notification for Approval
All Leases over \$300,000 but less than \$600,000
(dollars in thousands)

Location	Description	Unserviced Annual Rent
Atlanta, GA*	Outpatient Clinic (Newnan)	\$300
Chicago, IL*	Community Base O/P Clinic	\$390
Dallas, TX*	Outpatient Clinic (McAllen)	\$578
Phoenix, AZ*	Outpatient Clinic (Thunderbird)	\$420
Silver Spring, MD*	Office of Field Information Office	\$378

*This estimate is for 2006 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. This is an un-serviced lease.

**FY 2005 Lease.

2006 Major Medical Facility Lease Authorization
(dollars in thousands)

Title 38, U.S.C., section 8104(a) (2), requires statutory authorization for all major medical facility leases exceeding \$600,000 (including parking facilities) prior to appropriation of funds. VA is not required to request authorization for leases acquired through the General Services Administration (GSA). Authorization will also fulfill the requirement for Congressional Notification. In accordance with 38 U.S.C., section 8104(b), the prospectus for the major medical facility leases includes Outpatient Clinics in Baltimore, Maryland; Marion, Illinois; Dallas, Texas; and Denver, Colorado are reflected on the following pages.

Location	Description	Authorization Request ^{1/}
<u>Leases ^{1/}</u>		
Baltimore, MD	Outpatient Clinic	\$9,851
Marion, IL	Outpatient Clinic	\$7,643
Dallas, TX	Outpatient Clinic	\$4,293
Denver, CO	Health Administration Center	\$5,850

^{1/} Cost includes the lump sum payment for the lessor to convert the existing space for special administrative or special medical use plus the un-serviced annual rent.

**Baltimore, Maryland
Outpatient Clinic (OPC)**

I. Budget Authority

Lease Through	2006 Request	Unserviced Annual Rent
2028	\$9,851,000	\$4,050,000

II. Description of Project

This lease proposes the acquisition of approximately 111,282 usable square feet of space in proximity to the existing Baltimore medical center in order to meet projected space gaps for the primary care clinics, mental health clinics, specialty care clinics, and research. All primary care clinics will be moved and expanded into the new leased space. Mental Health outpatient clinics, including the methadone maintenance program, will also be moved and expanded into the new leased space. The existing outpatient clinic space within the Baltimore medical center that will be vacated will be renovated for specialty care use. The leased space would also provide diagnostic laboratory space, diagnostic imaging space, and pharmacy space in support of the primary care clinics. This proposal will also provide approximately 30,000 square feet of additional research laboratory space. A Healthcare Planning Study has been completed through VISN 5 and the VA Maryland Healthcare System. This study has provided a defined space plan that addresses primary care clinic, mental health clinic, and research space needs, support function needs, validated workload data, and the CARES Planning Initiatives and implementation decisions.

The Secretary's CARES Decision for outpatient care states that VISN 5 (through VAMHCS) will meet increases in demand for care through expansion, renovation, new construction of existing space, or leases. Specifically identified in the Decision is the implementation of a Baltimore City mental health clinic. The proposed Baltimore Outpatient Care Annex will address these aspects of the Decision.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term and any renewal options, and authority to extend the present lease, as necessary, prior to the completion of the proposed lease.

III. Priorities/Deficiencies Addressed

A space gap of approximately 65,000 feet has been projected through CARES for primary care and specialty care functions at the Baltimore medical center. There is a 9,500 square foot space gap projection for mental health outpatient functions at the Baltimore medical center. This additional leased space will address that space gap and allow for expansion of those outpatient services. The proposed project will lease additional space to relocate and expand Primary Care and Mental Health Outpatient Clinics at the Baltimore medical center. This lease is the main component of a multi-pronged approach designed to address projected workload gaps in the areas of Primary Care, Specialty Care, and Mental Health. This lease project will target the expected peak demand increase from 97,673 clinic stops in FY 2001 to 141,264 clinic stops in FY 2010 for primary care services at the Baltimore medical center. Subsequent to this lease project and the relocation of the Primary Care and Mental Health Clinics from the Baltimore medical center, Specialty Care Clinics at the Baltimore medical center will be expanded into the space vacated by the primary care services. This project will also solve the 30,000 square foot space gap for medical research laboratory space. The goals met by this lease project first include Public Health and Socioeconomic Well Being by improving access, convenience, and timeliness of primary care services at the Baltimore medical center. This project will likewise allow for similar achievements related to specialty care services under a later project. Second, this lease project will meet the Ensure Smooth Transition and Quality of Life goals through the increase in primary care services (and specialty care services under a later project) and providing such outpatient services in a coordinated, comprehensive, and integrated system in the least restrictive and most efficient setting.

IV. Alternatives to Construction Considered

The alternatives considered were: status quo, renovating/purchasing (purchase land with an existing structure and renovate into new outpatient primary care space and research lab space), and contracting out for services. While status quo is the most cost-effective alternative, it would not solve the space gap of 65,000 square feet projected through CARES for primary care and specialty care functions at the Baltimore medical center. Leasing provides a facility with less risk to the government and retains flexibility as the program and staff changes. The contracting alternative was the most costly of the alternatives considered and cannot address the space needs and potential growth of the medical research program.

V. Demographic Data

	Current	Projected (2022)
Outpatient visits	97,673	141,264

VI. Schedule

Award lease	September 2006
Construction completion	June 2008
Space delivery/occupancy	July 2008

VI. Project Cost Summary

Estimated maximum annual cost.....	\$4,050,000
Current total annual cost	N/ A
Proposed rental rate*	\$36.39/sf
Proposed leasing authority.....	20 years
Usable square feet to be leased.....	111,282
Parking spaces to be leased.....	550
Special purpose medically related improvements**	\$5,801,000

*This estimate is for 2006 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. This is an un-serviced lease.

**Lump sum payment to Lessor to upgrade space for special medical use not included in rent.

**Marion, Illinois
Outpatient Clinic (OPC)**

I. Budget Authority

Lease Through	2006 Request	Unserviced Annual Rent
2028	\$7,643,000	\$2,727,000

II. Description of Project

This lease proposes the acquisition of approximately 109,248 usable square feet of space that will replace and expand the existing Evansville, Indiana lease which expires on November 20, 2008. It is the fourth component in a very aggressive strategy to correct severe space deficiencies identified during the CARES process at VAMC Marion.

The medical center is the most undersized facility in VISN 15 in relation to the services provided and number of patients served. Evansville is currently in a 32,000 gross square feet building. In the baseline year 2001, the CARES criteria shows Evansville as only meeting 44% of the space criteria based on the workload. Evansville, IN is tremendously undersized according to the CARES data for the current workload and the workload for all CARES categories increases for 2012 and Specialty and Mental Health have larger increases through 2022. Evansville accounted for (as of CARES Baseline 2001) 27% of Primary Care; 48% Mental Health stops; 12% Specialty Care stops and 22% of the Ancillary/Diagnostics workload attributed to VAMC Marion.

Approval of this prospectus will constitute authority for up to 20 years of leasing, including the initial term and any renewal options, and authority to extend the present lease and other contract arrangements, as necessary, prior to the completion of the proposed lease.

III. Priorities/Deficiencies Addressed

Leasing space will meet current clinic space shortfalls and projected space needs. The current lease building is 32,000 square feet and the current workload, according to the CARES model, states a current dramatic space shortage. There are significant gaps in workload for all categories in 2012 and significant gaps in 2022 for Specialty and Mental Health, but one other major problem is the current square footage gap that exists today based on the current workload and 32,000 square foot leased building. The Medical Center has identified a four-prong approach to its

severe space deficiencies. Each piece of the approach is interdependent with the other. This lease is one of the major components to closing the gap.

IV. Alternatives to Construction Considered

The alternatives considered were: status quo, construction, and contracting out for services. Status quo is not a feasible option as we are required by law to complete a new lease as well as it will not correct current space shortage. While build is the most cost-effective investment, leasing a facility provides a facility with less risk to the government and retains flexibility as the program and staff changes. The contracting option was the most costly of the alternatives considered.

V. Demographic Data

	Current	Projected (2022)
Outpatient visits	81,327	105,223

VI. Schedule

Award lease	September 2006
Construction completion	June 2008
Space delivery/occupancy	July 2008

VII. Project Cost Summary

Estimated maximum annual cost.....	\$2,727,000
Current total annual cost	\$418,960
Proposed rental rate*	\$24.96/sf
Proposed leasing authority	20 years
Usable square feet to be leased.....	109,248
Parking spaces to be leased.....	436
Special purpose medically related improvements**	\$4,916,000

*This estimate is for 2006 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. This is an un-serviced lease.

**Lump sum payment to Lessor to upgrade space for special medical use; not included in rent.

**Dallas, Texas
Outpatient Clinic (OPC)**

I. Budget Authority

Lease Through	2006 Request	Unserviced Annual Rent
2028	\$4,293,000	\$1,493,000

II. Description of Project

This lease proposes the acquisition of approximately 62,226 usable square feet for the activation of a comprehensive Outpatient Clinic that will provide primary, specialty, and mental health care services to veteran enrollees in the Smith County/Tyler, Texas market area. Approximately 62,226 usable square feet will be leased to provide necessary exam rooms and associated diagnostic and support space to address identified CARES primary and specialty care gaps in the Smith County area of VISN 17. While FY 02 workload was only 4,500 stops at the current contract CBOC in Tyler, TX, CARES projections reveal that the future Tyler clinic is projected to support approximately 65,000 stops annually over the planning horizon

Approval of this prospectus will constitute authority for up to 20 years of leasing, including the initial term, and any renewal options, and authority to extend the present lease, as necessary, prior to the completion of the proposed lease.

III. Priorities/Deficiencies Addressed

It is proposed that three VA staffed CBOCs be activated throughout the North Market Area, Plano/Collin County; Forth Worth; and Tyler/Smith County. These new clinics will be located according to population trends and demographics, and will be activated over the next seven years starting in 2005. Overall workload in the Smith county market is projected to rise from an FY 02 level of 4,500 stops to approximately 65,000 stops by 2022. The overall North market has capacity planning initiatives in both outpatient primary and specialty care. Primary Care in the North Texas market is expected to increase by 137,811 stops from the baseline in 2001 of 277,888 stops to 415,699 stops in 2012, a 50% increase. By 2022, Primary Care workload of over 396,000 stops still represents a 43% increase over 2001 levels. The demand for specialty care is expected in increase 154% by 2022. From a 2001 baseline of 181,050 stops, the North market specialty workload projections grow to 454,199 stops in 2012 (151%) and continue to increase to a 2022 projected workload level of 460,320 stops.

This would serve to draw patients away from the Dallas VAMC for their primary and specialty care, allowing the increased workload in the market to be accommodated in a manner that would not increase the workload and traffic at the already congested Dallas VAMC. Specifically, the proposed Tyler clinic will be developed to address current issues with access to services outside of basic primary care (now served through the contract CBOC), and to better patient satisfaction with VA North Texas Health Care System (VANTHCS) services.

“Putting veterans first” means identifying their needs and providing solutions to meet those needs in a way that promotes their well-being, provides optimal care solutions and increases quality of life. A Tyler OPC with primary, specialty, mental health, and ancillary care in VISN 17 will provide: increased access to care, increase performance measure scores, close proximity to the patient, and increased specialized care for a veteran populated remote areas. Importantly, this initiative fills an identified gap in the continuum of care, by providing a wide-range of treatment services and greater access to nearby VA services. Development of this clinic, along with the proposed VA staffed CBOC’s in Collin County and Tarrant County, best position VISN 17 to address the outpatient care needs represented in the VANTHCS service area, the largest of VISN 17 markets, which is projected to serve over 46% of the VISN 17 population and enrollees in 2022.

IV. Alternatives to Construction Considered

The alternatives considered were: status quo, construction, and contracting out for services. While build is the most cost-effective investment, leasing a facility provides a facility with less risk to the government and retains flexibility as the program and staff changes. The contracting option was the most costly of the alternatives considered.

V. Demographic Data

	Current	Projected (2022)
Outpatient visits	3,214.....	46,428

VI. Schedule

Award lease	September 2006
Construction completion	June 2008
Space delivery/occupancy	July 2008

VII. Project Cost Summary

Estimated maximum annual cost.....	\$1,493,000
Current total annual cost.....	\$1,326,000
Proposed rental rate*	\$24.00/sf
Proposed leasing authority.....	20 years
Usable square feet to be leased.....	62,226
Parking spaces to be leased.....	300
Special purpose medically related improvements**	\$2,800,000

*This estimate is for 2006 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. This is an un-serviced lease.

**Lump sum payment to Lessor to upgrade space for special medical use; not included in rent.

Denver, Colorado
Health Administration Center (HAC)

I. Budget Authority

Lease Through	2006 Request	Unserviced Annual Rent
2017	\$5,850,000	\$2,375,000

II. Description of Project

This lease proposes the acquisition of approximately 150,000 usable square feet of space for the Denver, Health Administration Center (HAC). The interim lease is needed due to the existing lease (including all extension options) expiring in March 2005 and pending final decision on the Fitzsimons construction project. This acquisition will allow for the continued operation by the HAC while a final decision is pending and subsequent design and construction of the proposed new VAMC on the Fitzsimmons property is accomplished.

Approval of this prospectus will constitute authority for up to 20 years of leasing including the initial term, and any renewal options, and authority to extend the present lease, as necessary prior to the completion of acquiring permanent space.

III. Priorities/Deficiencies Addressed

This lease supports a system-wide priority for maintaining its status as the VA vanguard in the business of managing health care plans.

The HAC's mission is to administer health benefits for veterans and family members including Civilian Health and Medical Program of VA (CHAMPVA). This lease is needed due to the 2005 expiration of the present lease and it is not anticipated that the new Fitzsimons facility will be completed in time to house the HAC.

The HAC anticipates adding a new program for Management Health Care Provider Services. The addition of this program will increase the HAC's staff by 25 to 30 FTEE.

IV. Alternatives to Construction Considered

The alternatives considered were: leasing, building a new facility, and contracting out for services. While build is the most cost-effective investment, it is dependent on the building of the new VA facility at the Fitzsimons site; therefore, the short term solution is leasing.

V. Demographic Data

Not applicable. This facility processes insurance claims for all of VA.

VI. Schedule

Award lease	March 2007
Space delivery/occupancy	March 2008

VII. Project Cost Summary

Estimated maximum annual cost.....	\$2,850,000
Current total annual cost.....	\$1,050,000
Proposed rental rate*	\$19.00/sf
Proposed leasing authority.....	20 years
Usable square feet to be leased.....	150,000
Parking spaces to be leased.....	600
Special purpose related improvements**	\$3,000,000

*This estimate is for 2006 and may be escalated by 4% annually to the effective date of the lease in order to account for inflation. This is an un-serviced lease.

**Lump sum payment to Lessor to upgrade space for special administrative use; not included in rent

Status Report for Authorized Major Medical Facility Projects
(dollars in thousands)

Status Codes:

CD – Construction Documents

NA – No Appropriation Available

CO – Construction

PC – Physically Complete

S/DD – Schematics /Design Development

Location	Description	Authorization	Approp. Available	Status
Anchorage, AK	Outpatient Clinic and Regional Office, Ph 1 Design	\$77,600	\$11,760	S/DD
Atlanta, GA	Modernize Patient Wards	20,700	20,700	S/DD
Chicago, IL	Bed Tower	98,500	98,500	CO
Chicago, IL (West Side)	New Inpatient Bed Building	98,500	98,500	CO
Cleveland, OH	Cleveland-Brecksville Consolidation, Ph 1 Design	105,000	15,000	S/DD
Columbus, OH	Construction of Outpatient Clinic	94,800	94,800	S/DD
Denver, CO	New Federal Medical Facility, Ph 1 Design	328,460	30,000	S/DD
Des Moines, IA	Extended Care Building	25,000	25,000	S/DD
Durham, NC	Renovate Patient Wards	9,100	9,100	S/DD
Gainesville, FL	Correct Patient Privacy, Ph 1 Design	87,800	8,800	S/DD
Hines, IL	Blind Rehab/SCI Center	40,000	40,000	CO
Indianapolis, IN	7 th & 8 th Floor Addition	27,400	27,400	S/DD
Las Vegas, NV	New Medical Facility, Ph 1 Design	325,000	60,000	S/DD
Leavenworth, KS	Demolition of Buildings	5,600	5,600	SC
Lebanon, PA	Renov Nurs. Units, Bldg 1	9,500	9,500	PC
Lee County, FL	Outpatient Clinic, Ph 1-Land Purchase	65,100	6,510	S/DD
Long Beach, CA	Clinical Consol/Seismic	23,200	23,200	CO
Long Beach, CA	Seismic Corrections-Bldgs 7 & 126, Ph 1 Design	149,700	10,300	S/DD

Location	Description	Authorization	Approp. Available	Status
Memphis, TN	Modernization/Seismic	107,600	107,600	CO
Menlo Park, CA	Seismic Correct -Geropsych NH Replacement (Bldg. 324)	33,200	33,200	S/DD
Miami, FL	Utility Plant/Elect Dist	28,300	28,000	CO
Minneapolis, MN	SCI & SCD Center	20,500	20,500	S/DD
Murfreesboro, TN	Psych. Patient Privacy	14,000	14,000	PC
N. Calif. Healthcare	Seismic Corrs/OP Facil.	80,000	70,800	CO
North Chicago, IL	Joint VA & Dept. of Navy Medical Project	13,000	13,000	CO
Orlando, FL	Bed Tower, Phase 1 Design	253,600	25,000	S/DD
Palo Alto, CA	Seismic Corrections-Bldg. 2	34,000	34,000	S/DD
Pensacola, FL	Joint VA and Department of Navy OPC	55,500	55,500	S/DD
Pittsburgh, PA	Consolidation of Campuses, Ph 1 Design	190,800	20,000	S/DD
San Antonio, TX	Ward Upgrades and Expansion	19,100	19,100	S/DD
San Diego, CA	Seismic Corrections-Bldg. 1	48,260	48,260	S/DD
San Francisco, CA	Seismic Corrections-Bldg. 203	41,500	41,500	S/DD
San Juan, PR	Seismic Corrections	50,000	50,000	CO
San Juan, PR	Seismic Corrections-Bldg. 1, Ph 1 Design	149,700	15,000	S/DD
Syracuse, NY	Construct Addition for Spinal Cord Injury (SCI) Center	53,900	53,900	S/DD
Tampa, FL	Upgrade Essential Electrical Distribution Systems	49,000	49,000	S/DD
Tampa, FL	SCI Expansion	7,100	7,100	S/DD
Temple, TX	Blind Rehabilitation and Psychiatric Beds	56,000	56,000	*
Tucson, AZ	Ambulatory Care Addn.	35,000	27,300	CO
Tucson, AZ	Mental Health Clinic	12,100	12,100	S/DD

Status Report for Authorized Major Medical Leases
(dollars in thousands)

Status Codes:

AC – Alternatives to leased space being considered

AP – Acquisition Process Initiated

AR – Authorization Required

C – Complete

CA – Canceled

LA – Lease Awarded

NA – Negotiation and Approval

PR – Pending review

Location	Description	Authorization	NUSF Space	Status
Baton Rouge, LA	Satellite Outpatient Clinic	\$1,800	30,000	C
Boston, MA	Satellite Outpatient Clinic	2,879	35,000	AP
Charlotte, NC	Satellite Outpatient Clinic	2,626	51,932	NA
Corpus Christi, TX	Outpatient Clinic	3,900	60,000	AP
Crown Point, IN	Outpatient Clinic	2,600	40,000	AP
Fort Worth, TX	Outpatient Clinic	11,118	161,119	AP
Greenville, NC	Outpatient Clinic	4,096	64,000	AP
Harlingen, TX	Outpatient Clinic	1,966	30,000	AP
Jacksonville, FL	Satellite Outpatient Clinic	3,095	61,183	NA
Knoxville, TN	Outpatient Clinic	2,600	40,000	AP
Norfolk, VA	Outpatient Clinic	3,500	50,000	AP
Oakland, CA	Outpatient Clinic	4,380	60,000	AP
Oakland Park, FL	Satellite Outpatient Clinic	4,100	65,180	LA
Plano, TX	Outpatient Clinic	9,252	34,075	AP
San Antonio, TX	Outpatient Clinic	4,080	60,000	AP
San Diego, CA	Outpatient Clinic (North Co.)	3,203	42,700	AP
San Diego, CA	Outpatient Clinic (South Co.)	2,625	35,000	AP
Santa Barbara, CA	Outpatient Clinic	3,611	30,780	NA
Summerfield, FL	Outpatient Clinic	3,609	53,064	AP
Toledo, OH	Outpatient Clinic	4,140	60,000	AP
Wilmington, NC	Outpatient Clinic	4,102	62,150	AP

Enhanced- Use Leases

(dollars in thousands)

Enhanced-Use Leasing is an important component of the Department of Veterans Affairs' overall asset management program. The program is unique among Federal agencies and considered an innovative method of acquiring needed facilities, goods, and services and assists the Department in achieving its asset goals and objectives.

In return for allowing VA property to be used for non-VA uses (which must be compatible with or benefit the Department's mission) on Department-controlled land, VA can require "rent" in the form of a reduction in the cost or free use of facilities or services for VA programs, monetary payments, or other "in-kind" consideration, which in the opinion of the Secretary "enhances" a particular VA activity's mission.

The program was authorized by law in 1991 and is managed by the Office of Asset Enterprise Management in the Office of the Assistant Secretary Management. Since the program's inception, VA has awarded 44 leases (Table 1) and is actively engaged in developing approximately 40 projects (Table 2).

Table 1: Lease Awards

	Project Site	Project Type	Lease Awarded
1	Washington, DC	Child Development Center	4/20/93
2	Houston, TX	Collocation	8/23/93
3	West Palm Beach, FL	Public Safety Center	11/14/94
4	West Haven, CT	Child Development Center	12/1/94
5	Big Spring, TX	Parking	3/8/96
6	Indianapolis, IN	Consolidation	9/23/96
7	Bay Pines, FL	Child Development Center	5/22/97
8	St. Cloud, MN	Golf Course	7/28/97
9	Atlanta, GA	RO collocation	12/18/97
10	Portland, OR	Single Room Occupancy	7/14/98
11	North Little Rock, AR	Golf Course	10/1/98
12	Mt. Home, TN	Medical School	12/17/98
13	Sioux Falls, SD	Parking	4/1/99
14	Danville, IL	Senior Housing	4/27/99
15	Mt. Home, TN	Energy	12/2/99
16	Indianapolis, IL	Nursing Home	12/6/99
17	Dallas, TX	Child Care Development Center	12/20/99
18	Roseburg, OR	Single Room Occupancy	8/1/00

	Project Site	Project Type	Lease Awarded
19	Salt Lake City, UT	Regional Office collocation	5/9/01
20	Durham, NC	Mixed Use / Research	1/3/02
21	North Chicago, IL	Chicago Medical School	4/10/02
22	Chicago (Westside), IL	Parking	4/22/02
23	Chicago (Westside), IL	Regional Office Collocation	
24	North Chicago, IL	Energy Center	5/21/02
25	Chicago (Westside), IL	Energy	8/12/02
26	Tuscaloosa, AL	Hospice	9/19/02
27	Barbers Point, HI	Single Room Occupancy	3/17/03
28	Milwaukee, IL	Regional Office	7/17/03
29	Hines, IL	Single Room Occupancy	8/22/03
30	Somerville, NJ	Mixed Use	9/5/03
31	North Chicago, IL	Energy - Phase II	10/27/03
32	Mound City, IL	Visitor Center	11/6/03
33	Butler, PA	Mental Health Facility	12/18/03
34	Portland, OR	Crisis Triage Center	2/13/04
35	Charleston/MUSC, SC	Affiliate Partnering	5/18/04
36	Hines, IL	Senior Housing - Phase II	7/30/04
37	Minneapolis, MN	Credit Union	8/17/04
38	Batavia, NY	Assisted Living	8/24/04
39	Bedford, MA	Single Room Occupancy	9/10/04
40	Hines, IL	Building 14 - Transitional - Housing	11/12/04
41	Hines, IL	Building 53 - Assisted Living	12/27/04
42	Dayton, OH	Child Care Development Center	12/30/04
43	Dayton, OH	Housing Initiative	12/30/04
44	Chicago (Lakeside), IL	Realignment	1/18/05

Table 2: Departmental Enhanced-Use Lease Priorities

	Project Site	Project Type
1	Albany, NY	Parking
2	Albuquerque, NM	Assisted Living
3	Battle Creek, MI	Laundry
4	Brevard, FL	Assisted Living
5	Butler, PA	Hospital
6	Butler, PA	Homeless Residential Program
7	Cleveland, OH	Domiciliary
8	Columbia, SC	Mixed Use/Regional Office/Realignment

Project Site		Project Type
9	Danville, IL	Student Housing
10	Dayton, OH	Public Safety Facility/Police Station
11	Ft. Howard, MD	Mission Realignment/Continuing Care Retirement Community
12	Hines, IL	Building 51 – Assisted Living
13	Houston, TX	Clinical/ Ambulatory Space
14	Kerrville, TX	Assisted Living
15	Leavenworth, KS	Residential Health Care
16	Lebanon, PA	Golf Course
17	Los Angeles, CA	Regional Office Collocation
18	Milwaukee, IL	Mixed Use
19	Minneapolis, MN	Homeless Veterans Housing
20	Montrose, NY	Assisted Living
21	Nashville, TN	Research
22	Newark, NJ	Regional Office
23	Newington, CT	Assisted Living
24	Palo Alto (Menlo Park), CA	Assisted Living
25	Phoenix, AZ	Child Care Development Center
26	Riverside, CA	Transitional Housing
27	Sacramento, CA	Assisted Living
28	St. Cloud, MN	Emergency Shelter
29	St. Cloud, MN	Single Room Occupancy
30	St. Louis, IL	Parking
31	San Francisco, CA	Research
32	Sepulveda, CA	Homeless Veterans Housing
33	Syracuse, NY	Research
34	White City, OR	Community College
35	Coatesville, PA	Energy Co-generation
36	Philadelphia, PA	Energy Co-generation
37	Pittsburgh (Aspinwall), PA	Energy Co-generation
38	Pittsburgh (UD), PA	Energy Co-generation
39	Wilkes Barre, PA	Energy Co-generation
40	National VHA	Consolidated Mail-out Pharmacy

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